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ABSTRACT

Massachusetts law enables the Board of Education to award grants to school committees for school-based comprehensive health education and human services programs, including the following components: comprehensive health education curriculum, school counseling and psychological services, school health services, coordination of school and community resources, and school climate/environment. These standards provide a means by which programs funded by the state can be judged for efficiency and effectiveness. They provide the basic framework around which communities can design their programs, meeting the unique needs of the students and families they serve and maximizing local resources. These standards include a mission statement and 12 chapters concerning: community support; comprehensive health education curriculum (PK-12); school counseling and psychological services; school health services; school climate and environment; coordination of in-school services; coordination of community and school resources; family involvement; staffing qualifications; staff development; administration; and evaluation. Each section includes a goal and several suggestions for reaching the goal. (AMH)

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COMPREHENSIVE HEALTH EDUCATION AND HUMAN SERVICES DRAFT PROGRAM STANDARDS

MASSACHUSETTS DEPARTMENT OF EDUCATION
MARCH 1990

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DEFINITION OF TERMS

Board - shall mean the Board of Education of the Commonwealth of Massachusetts.

Department - shall mean the Department of Education of the Commonwealth of Massachusetts.

Comprehensive Health Education and Human Services - shall mean the discretionary grant program established by the legislature that coordinates comprehensive health education curriculum, school counseling and psychological services, school health services and coordination with outside agencies.

Conflict resolution skills - shall mean those skills which students may learn to resolve conflicts between themselves and peers or adults.

Consumer skills - shall mean those skills a consumer must develop to obtain quality health care.

Developmental Guidance/Affective Education - shall refer to those sections in the health education curriculum which involve objectives about preventing mental illness and promoting emotional health.

Developmentally appropriate activities - shall refer to those activities which fit the stage of physical or mental development of children.

Environmental issues - shall mean those problems in the environment which may result in health problems.

Peer education - shall mean an educational program in which usually older students teach younger students about the risk of unhealthy behavior.

Peer advising - shall mean a program of support where peers listen to other peer concerns and refer them to professional counselors when appropriate, sometimes referred to as peer counseling.

Regular education teacher support team - shall mean those groups of school personnel who meet regularly to assess the physical, academic, and emotional needs of individual students or classes, while providing assistance and support to staff in modifying their programs, distinct from a special education evaluation.

Self-care awareness - shall mean the skills one develops to take care of one's own health needs.

Special education evaluation TEAM - the group of school personnel required under the provision of Chapter 766 of the Acts of 1972.

STD - shall mean sexually transmitted diseases.

Student support personnel - shall mean the following staff: guidance counselor, school psychologist, school adjustment counselor/social worker, school nurse, school physician, school attendance officer, bilingual education teachers, Chapter I teachers, and occupational education services.

PROGRAM STANDARDS

INTRODUCTION

Scope

Massachusetts law enables the Board of Education to award grants, subject to appropriation, to school committees for school-based comprehensive health education and human services programs, including the following interrelated and coordinated components:

- comprehensive health education curriculum
- school counseling and psychological services
- school health services
- coordination of school and community resources
- school climate/environment

Language in the FY 88 state budget (Chapter 199 of the Acts of 1987) requires the State Advisory Council on Health Education and Human Services created by the State Board of Education in accord with item 7032-0500 of Chapter 286 of the Acts of 1986 to "establish standards against which programs funded by this item may be judged for efficiency and effectiveness." These standards are based on the premise that comprehensive health education and human services grants will supplement a school's program, not supplant existing services.

Consequently, these standards provide the basic framework around which communities can design their programs, meeting the unique needs of the students and families they serve and maximizing local resources.

The Draft Program Standards were approved by the Board of Education in November 1989, and will be used to guide the ongoing development, evaluation and improvement of Comprehensive Health Education and Human Services programs. After careful review, the Program Standards will receive final approval, by the Board in November 1990. These programs will annually evaluate their degree of compliance with these standards.

Although the budget language directs the Advisory Council to establish these standards for the school districts receiving Comprehensive Health Education and Human Services funds, the Council recommends that these standards be used by all school districts to evaluate their health education, school counseling and psychological services and school health services programs.

MISSION OF COMPREHENSIVE HEALTH EDUCATION AND HUMAN SERVICES

The Massachusetts Board of Education has identified a primary goal for education in Massachusetts:

> **"Education should contribute to the learner's physical and emotional well-being and development in an environment that fosters positive self-esteem."**

The State Advisory Council believes that the Comprehensive Health Education and Human Services grant can help educators implement this broad goal throughout all aspects of the school district, as well as many of the other nine goals which the Board of Education has set for education in Massachusetts.

Prevention

Health education curriculum, school counseling and psychological services, school health services and the coordination of these programs with community and parent resources in the context of a positive school climate are all vehicles to develop healthy students with a positive self-esteem. All segments of the school program should also assist students in developing the knowledge and skills to promote optimal physical, emotional, and social health as well as examining their beliefs, attitudes and values in order to adopt responsible behaviors. With these skills, it appears that adolescents are more likely to avoid substance abuse, violent behavior, early sexual experiences which result in unwanted pregnancies and self-destructive behaviors.

Intervention

Although prevention efforts continue to be successful, there remain many students involved in unhealthy behaviors. Students who are currently at risk or are involved in these unhealthy behaviors must also receive services as a result of coordinated efforts of parents, school staff and community agency personnel. Without these community-wide efforts, these problems will increase.

I. COMMUNITY SUPPORT THROUGH LOCAL ADVISORY COUNCILS

GOAL:

Consistent community backing and ongoing fiscal support are essential for an effective, comprehensive health education and human services program.

A. **School committee members establish a local advisory council which includes but is not limited to: administrators, teachers, including health and home economics teachers, parents, students, school counselors and psychologists, school and community health professionals, school nurses, community health and social service agency personnel, community groups, clergy and criminal justice officials. An existing council with similar membership may assume the responsibilities of the council.**

B. This council is involved in:

- developing applications for Comprehensive Health Education and Human Services Discretionary Grant programs or other funding sources;
- evaluating the needs for such a program in its community through a formal needs assessment;
- monitoring the implementation of the program;
- assisting in the evaluation and revision of the program implementation;
- building continued fiscal support for the program so that the program will continue when Department of Education funding ends;
- building alliances with other civic groups which are concerned with the health of the community;
- and coordinating community planning efforts in the area of health and human services involving other existing groups.

II. COMPREHENSIVE HEALTH EDUCATION CURRICULUM

GOAL:

Comprehensive Health Education Programs assist students in learning the knowledge and skills to promote optimal physical, emotional and social health as well as examining their beliefs, attitudes and values in order to provide the rationale or motivation to adopt healthy behaviors.

A. The development of a comprehensive inter-disciplinary curriculum involves teachers, school committee members, administrators, parents, counselors, psychologists, students, school health professionals, school food service professionals, and community resources.

B. There are identified goals and scope and sequence of instruction for each grade level (PK-12) that promote the following knowledge, attitudes, skills and behaviors necessary for optimal physical, emotional and social development.

1. a positive self-esteem
2. a capacity to express emotions constructively
3. decision-making and problem solving skills
4. stress reduction skills
5. coping skills - (loss, grief, anger, fear)
6. communication skills
7. relationship skills (family, peers, and other adults)
8. knowledge of changing issues of family dynamics
9. knowledge of family and peer violence/abuse issues
10. knowledge of sexual identity and relationships issues
11. parenting education and child development skills
12. conflict/resolution skills
13. awareness of exercise/fitness/healthy lifestyles
14. nutrition awareness/dietary guidelines

15. hygiene skills

16. infectious and chronic disease (such as high blood pressure) prevention skills

17. AIDS/STD'S prevention skills

18. personal safety skills

    a. traffic safety: motor vehicle; motorized and non motorized bicycles; and motorcycles
    b. recreation: swimming, boating, playground and sports
    c. home safety: fire, burns, falls, poisoning prevention
    d. firearm
    e. child assault prevention
    f. use and abuse of prescription/non-prescription drugs

19. tobacco, alcohol and drug abuse prevention skills

20. knowledge of community health and human services resources/issues

    a. environmental issues
    b. consumer skills/ health care systems
    c. self-care awareness
    d. prevention resources
    e. advocacy skills

Although this health education curriculum is essential to the physical and emotional development of children, all aspects of the school's curriculum and organizational structure will affect the self-esteem of the student and should be considered.

C. This curriculum may be infused within various subject areas (home economics, science, social studies, physical education or others) or in self-contained health education courses. Existing programs in these curriculum areas should be coordinated using these teacher's experience and expertise.

D. Activities are designed to increase knowledge about physical and mental health, to develop concrete skills to act on this knowledge and to examine beliefs, attitudes and values to promote the adoption of healthy behaviors.

E. A variety of developmentally appropriate activities and materials are used which reflect the cultural, linguistic and special needs of the students. Materials are up to date, scientific and accurate.

F. Certified health teachers, home economics teachers and a variety of other school staff including classroom teachers (K-6), school health professionals, school counselors and psychologists, and physical educators, as well as community resources are used to teach health. These staff members should have the skills described in Section IX, D.

G. Schools may contract for some health education services, using these contractors to augment but not supplant existing services.

H. A variety of learning methods are utilized including but not limited to large group instruction, small group discussion, community project and experiences, cooperative learning, peer education, and a wide use of audio-visual materials.

I. Specific time, separate from physical education, is provided for health instruction (PK-12):

   a. All students at the elementary level receive, on the average, at least one hour per week instruction.

   b. All students at the junior high and high school level receive, on the average, at least two hours per week instruction, in separate health classes or integrated into other disciplines.

III. SCHOOL COUNSELING AND PSYCHOLOGICAL SERVICES

GOAL:

School counseling and psychological services are provided to all students, enhancing their intellectual, emotional and social development while maximizing their potential and developing a positive sense of self worth. With this foundation, students will become adults who believe they have control over their lives, can think critically and make responsible decisions.

A. There are clear and consistent written objectives for the following services:

1. orientation/transition services: these are provided for students and parents each time a student or class enters a new school with opportunities for visiting the new building, discussing its program and sharing questions and concerns with the staff and existing students.

2. regular education and special education assessment and referral processes

   a. regular education

      (1) When a student is experiencing academic or adjustment problems or a teacher needs assistance and support in modifying a student's program, a multi-disciplinary regular education teacher support team meets to assess the situation. The team includes appropriate staff as needed, a school psychologist, school counselor, school adjustment counselor/social worker, school nurse, special education teacher - principal and classroom teacher involved with the students. (See section VI, part B.)

      (2) Parents are informed about this regular education assessment, are engaged in developing proposed strategies, and made aware of their rights to refer their child to special education.

   b. special education

      (1) If the regular education team has determined that the interventions have not succeeded, it is their responsibility to request a formal Special Education TEAM evaluation.

      (2) Parents are made aware of their rights as dictated by the regulations of Chapter 766 and P.L. 92-142

c. Both processes use assessment techniques which provide information helpful in maximizing student achievement and educational services including formal instruments, interviews, observations, and behavioral evaluations, keeping in mind the need for parent permission for many of these assessments. The methods assess personal/social adjustment, intelligence/scholastic aptitude, adaptive behavior, language and communication skills, academic achievement, sensory and perceptual motor assessment, physical health assessment update, neurological functioning, environmental/cultural influence and an evaluation of the present curriculum and learning environment.

3. policies and procedures: A written set of procedural guidelines is available and are used by the regular education teacher support team and special education TEAM to intervene in cases of alcohol or drug use, suicidal behavior, teen pregnancy, AIDS, child abuse or other crises, as well as poor school achievement or behavior problems within the parameters of current confidentiality requirements.

4. personal counseling with students/parents

   a. individual
   b. group
   c. family service
   d. drop-in/walk-in services
   e. crisis intervention
   f. peer advising

5. academic advising, scheduling and monitoring student progress

6. post-secondary education and career planning: these services are available and their existence is communicated to all students' parents.

7. consultation for administrators and teachers: staff consult about learning and behavior problems, school climate, school policies, parent education, program planning, inservice education issues and health education.

8. parent education (Please see section VIII.)

9. liaison with community agencies (Please see section VII.)

10. developmental guidance/affective education (Please see Section II, B)

B. These services are planned, organized, and reviewed by representatives of all staff, parents and community resources.

C. Services are delivered within the parameters of confidentiality laws and regulations.

D. Services are delivered in an adequate and private environment in which the staff has access to a telephone.

E. The age, sex, race and ethnicity of students and staff are considered when services are delivered.

F. All school staff who are appropriately trained and supervised are assigned roles in delivering these services, maximizing their skills and expertise. This is in written form and includes lines of responsibility, supervisory and administrative relationships. School districts will assess how best to coordinate teachers, administrators, school health professionals, guidance counselors, school adjustment counselors/social workers and school psychologists in providing these services according to their unique skills and expertise.

G. School districts have school psychologists, school adjustment counselors/social workers, school attendance officers and guidance counselors to deliver these services to all students in grades PK-12. The ratios or caseloads may vary depending on the unique needs of the district and how these personnel are used together. The following ratios are suggested when there is a counseling team servicing a building . (school psychologist, adjustment counselor/social worker and guidance counselor).

1. school guidance counselors - one counselor per 250 students or lower.

2. school adjustment counselor/social worker - one counselor/social worker per 400 students or lower.

3. school psychologists - one psychologist per 750 students or lower.

The ratios would have to be smaller if one professional was fulfilling all roles assigned to a school.

H. Schools may obtain school counseling and psychological services on a contractual basis in order to ensure the provision of adequate services to all children. Contractual services are not to be utilized as means to decrease the quality and the amount of services provided by the district. They may be used to augment programs, but not to supplant them. Each student within the district must be assured of the full range of services and their access should not be determined by their insurance or medicaid status.

1. Contracting for services is not to be used as a means to avoid legitimate employee rights, wages or fringe benefits.

2. Opportunities for follow-up and continuing consultation appropriate to the needs of the students are available

3. Persons providing contractual psychological services are fully credentialed. In specific instances, however, services in other specialty areas might be used to supplement services.

4. Contracted service providers are given appropriate access and information. They are familiar with the instructional resources of the districts to ensure that students have the same opportunities as those serviced by school district employees.

5. Contractual services are provided in a manner which protects the rights of students and their parents as defined by state and federal law and regulation.

IV. SCHOOL HEALTH SERVICES

GOAL:

School health services help to strengthen the educational process by modifying or removing health-related problems related to learning in individual students and by promoting an optimal level of wellness for students and staff.

A. **There are clear and consistent written policies and procedures for the following aspects of the school health services program. Policies and procedures are distributed or made known to parents, school personnel, and outside medical providers.**

1. Health Appraisal

   a. A multidisciplinary approach is used to determine the total health status of a child. This approach involves physician, nurse, teacher, psychologist, physical education teacher, counselor, and parents.

   b. The health appraisal process includes direct observation, screening tests, health history, teacher/nurse conferences, referrals, parent and student health counseling including an explanation of health findings, follow-ups of referrals, and parent involvement.

   c. The following specific appraisal components are considered essential. Some of these are mandatory, based on state laws and regulations.

      - Comprehensive Physical Examinations
      - Interval Health History
      - Vision and Hearing Screening
      - Postural Screening
      - Nutritional Assessment
      - Dental Screening
      - Preschool/Screening

2. Risk Identification and Referral

3. Health Records

4. Other policies and procedures to be adapted and maintained by each school

   a. First aid (including CPR), care of medical emergencies.

   b. Medication administration

   c. Special medical/nursing treatments and procedures (see also 2.c. above).

   d. School attendance of children with certain conditions such as AIDS, cancer, chronic conditions.

      Note: The policy on AIDS/HIV is to be consistent with the recommended state policy.

   e. Communicable disease control, including immunizations, exclusion of children with reportable or other communicable diseases, according to Department of Public Health and local Board of Health guidelines. Training on communicable disease control should be made available to all school staff.

   f. Teen pregnancy

   g. Suicide

B. School health services promote the use of regular primary health care by all students. Physical examinations are done by the student's own physician if possible. If the student does not have a primary care physician, an attempt should be made to locate one for the student.

C. The school district consults with Department of Public Health (through the Regional School Health Advisor) on the school health services program and on the appropriateness of using the Department of Public Health process to further improve the quality, effectiveness, or efficiency of school health services.

D. The facilities available for school health services are appropriate to meet standards of nursing and health care (e.g., running water, proper storage areas, privacy) and are easily accessible to students. Support services for health services (e.g., telephones, clerical assistance) and professional development opportunities are consistent with those available to educational staff. In planning for future space needs, the possible value of expanded on-site health services is considered.

E. School health services are organized to utilize fully the resources of the community: local boards of health; medical, dental, nursing and other health providers; and other agencies and groups, without duplication of facilities or services. School health services should complement and expand community services. This relationship requires continuing contact and joint formulation of programs.

F. All school staff who are appropriately trained and supervised are assigned roles in delivering these services. Such assignments are in written form and include lines of responsibility, supervision, and administrative relationships. Medical, nursing and other health personnel meet the qualifications required or recommended by the appropriate accreditation, certification or licensing groups. The use of professional health personnel in performing screening tests, minor first aid, and clerical/office tasks should be minimized. School health services are under the direct supervision of a health professional (nurse or physician) or of a non-health administrator with access to a health professional review group. School districts will assess how best to coordinate nurses, teachers, administrators, support staff, and other school professional staff in providing these services according to their unique skills and expertise, and in accordance with both public health practice and program administration.

G. School nursing services should be delivered at no greater than the ratio of one school nurse per 750 students. Districts with substantial numbers of students with special health care needs (both 766 and non-766), with large numbers of buildings with small enrollments, and/or large geographic size may require a ratio of 1:500 or lower.

H. Schools may obtain school health services (usually school nursing services) on an interagency agreement or contractual basis from the local boards of health (or health department) or a community nursing agency. If this type of arrangement is used, each student and building must be assured of the full range of services necessary to meet his/her health needs in school.

I. School health services are conducted so as to make full use of their potential for health education. Health education also contributes to a better understanding of school health services by children and their parents.

V. SCHOOL CLIMATE AND ENVIRONMENT

GOAL:

Schools which involve students, parents and staff in school governance, offer a variety and flexibility in curricula and programming, promote opportunities for positive adult/student relationships, make conscious efforts to affirm the cultural, linguistic and socioeconomic background of students, and design policies which promote responsible student decision-making, create a climate which fosters academic achievement and positive self-esteem.

A. Schools provide the opportunities for students, parents and staff to be involved in the decision-making governance of a school by their inclusion in groups which advise the school district.

B. Schools offer variety and flexibility in curricula and programming to fit the distinct needs of all students.

C. Schools create structured opportunities for all students to develop a significant, positive relationship with at least one significant adult or older student.

D. Schools are divided into units in which students and staff become known to each other. Staff are teamed and have common planning time in order to coordinate curriculum, monitor student progress, plan group activities and conduct parent conferences.

E. Schools make conscious efforts to affirm the cultural, linguistic and socioeconomic backgrounds of all students.

F. Schools design structures and policies which promote responsible student decision-making and positive behavior change. (Please see Section III.)

VI. COORDINATION OF IN SCHOOL SERVICES (Please see Section III.)

GOAL:

Effective communication among school staff concerning the coordination of various school services is essential for preventing and intervening in students' health-related problems.

A. **The following student services, where they exist, are centrally coordinated by a person or persons who meet regularly to do program planning and evaluation.**

1. school health services
2. school counseling, school adjustment/social work and psychological services
3. special education services
4. bilingual education services
5. occupational education service
6. Chapter One services
7. early childhood education services
8. other special programs, i.e. dropout prevention, teen pregnancy and parenting

B. **At all building or unit levels, the principal convenes a regular education teacher support team meeting (see Section III) at regular intervals for consultation and support for the teacher working with a specific student or students. This team includes members from regular education and areas listed in (A) and should discuss within the parameters of confidentiality:**

1. how instructional strategies might be modified to assist teacher and student
2. how behavioral interventions might be adopted to improve behavior
3. how the school climate might be improved (i.e. cultural diversity respected, sexual harassment not occurring, structures to resolve conflicts among students or teachers in place)
4. what school policies need to be modified
5. how students are grouped, programs are developed and schedules made flexible to meet the learning styles and needs of students.
6. how social and health services are provided to students and coordinated with community agencies
7. what follow-up and evaluation mechanisms should be in place to determine next steps for the teacher and the student.

C. These regular education teacher support teams and services are distinct from the special education evaluation TEAM and special education process, although any student who has been discussed by the regular education team may be referred to special education team if the regular education team or parent requests a special education evaluation.

D. The principals and the central student services administrators meet regularly to discuss program development and evaluation needs.

VII. COORDINATION OF COMMUNITY AND SCHOOL RESOURCES

GOAL:

The coordination of school-based programs with community-based services is essential for preventing and intervening successfully in students' educational, emotional and physical problems.

A. Student services personnel (administrators, guidance counselors, school adjustment counselors/social workers, school psychologists, school attendance officers, school nurses and school psychologists) and teachers are knowledgeable about community agencies and resources, assuring that students and parents have access to community services.

B. Student services personnel and teachers establish and maintain relationships with other professionals and agencies within and outside the school who provide services to children and families, collaborating in planning prevention, assessment, and intervention program efforts. They use already established mechanisms wherever possible (i.e., Office for Children's Councils for Children, Health Education Advisory Councils, Governor's Alliance Against Drugs Councils, Challenge Funded Teen Pregnancy Coalitions and juvenile justice system agreements).

C. Student services personnel communicate with advocates representing children and families within the constraints of confidentiality.

D. Student services personnel assist in coordinating the services of physical and mental health providers from other agencies (such as pediatricians, health clinics, child clinics, community mental health clinics) to ensure a continuum of services. Ongoing communication takes place when these services are regularly delivered in the school setting within the constraints of confidentiality.

E. Student services personnel provide liaison and consulting services to the community and agencies regarding mental health, physical health and educational/school policy issues.

VIII. FAMILY INVOLVEMENT

GOAL:

Parents are supported as prime educators of their children. Families are well informed about and welcomed as essential participants in programs and services involving the physical, social and emotional development of their children.

A. School are open and accessible to parents and family members, who are valuable contributors to the educational process.

B. Parents and students participate in the governance of the school, especially in those areas concerning health and human services. (See Section V.)

C. When students are reviewed by the regular education teacher support team, parents are informed about this process, are engaged in developing proposed strategies and are made aware of their rights to refer their children to special education.

D. If a student is to be evaluated under the provisions of Chapter 766, all of the regulations and standards regarding parent and student rights are to be observed.

E. Student Records/Confidentiality

1. The school's procedure for maintaining, and access to, student records is consistent with the Massachusetts Student Records Regulations (603 CMR 23.00).

2. Parents or guardians, and eligible students (as defined by the regulations) may inspect, review and receive a copy of the student record, in accordance with the regulations.

3. Access to psychological or medical records is restricted to those permitted by law who have a legitimate need for such access.

4. School records are created and maintained only when the information is necessary and relevant to legitimate educational program needs.

5. Student records are systematically reviewed and when necessary purged in accordance with 603 CMR 23.06(2) in order to destroy incorrect, misleading or out-of-date information.

IX. STAFF QUALIFICATIONS

GOAL:

The program is staffed by qualified adults who understand child development and who recognize and provide for children's individual needs and differences.

A. Each school district has a wide variety of Department of Education certified or board registered staff as regular employees, implementing a comprehensive health education and human services program. These include health teachers, home economics teachers, school nurses, guidance counselors, school adjustment counselors/ social workers, school psychologists, and other school staff.

B. All staff have the ability and skill to work together on regular education teacher support teams or special education evaluation TEAMS, understanding and respecting team members' skills, roles and responsibilities.

C. Since the fields of comprehensive health education, school counseling and psychological services and school health services have demanded increased skills in the recent past, school districts employ staff who in addition to their certification and/or licenses continue to maintain their skills and knowledge through ongoing professional development.

D. Each school district should have the following staff with the following qualifications.

1. Comprehensive Health Education Staff

a. Those teaching pre-school through grade 6, are health educators, elementary certified teachers or other professionals who should have the following additional qualifications acquired in the last 5 years.

(1) knowledge of the field of health behaviors including physical, emotional and social dimensions, anatomy, physiology, human growth and development, human sexuality, family life and parenting, nutrition, disease prevention and control, first aid and safety, health counseling skills, contemporary health problems and issues, and consumer awareness.

(2) knowledge of methods of teaching health education

(3) ability to teach affective education skills: decision-making, communication skills, conflict-resolution and life-coping skills, and self-esteem building skills.

(4) knowledge and ability to work together with their school and community resources in health and human services in regular education teacher support teams or special education evaluation TEAMS

b. Those teaching secondary students are certified health teachers, certified home economics teachers or other professionals (i.e., guidance counselors, adjustment counselors/social workers, psychologists, school nurses, and physical education teachers), who may serve as teachers or consultants if they possess the knowledge and skills listed in "a" above.

2. School counseling and psychological services staff.

a. All certified school guidance counselors, school adjustment counselors/social workers, school attendance officers and school psychologists have skills and abilities in the following areas:

(1) interviewing and other forms of oral and written communication with all persons in school and community

(2) establishing and maintaining purposeful relationships with persons in the school-community

(3) making systematic observation and assessment of needs, behaviors and characteristics of students, parents, school system, neighborhood, and community

(4) using appropriate psychometric skills

(5) collecting appropriate information to document aspects of the biological, psychological, cultural, sociological, emotional, legal, and environmental factors that affect the learning process of students

(6) assessing the influences operating in school-community student parent relations and in interpreting them to persons who can help bring about appropriate change

(7) determining and applying the most appropriate methods and techniques of intervention to enhance learning opportunities for students

(8) advocating in relation to the needs of an individual student or parent or a group of students or parents

(9) effective collaborating with regular education and special education team members, including sharing knowledge and skills, carrying out assigned tasks, acting responsibly in relation to the requirement of team accountability, supporting the contributions of others, and providing team leadership in those problem situations where a particular team member's leadership ability is most appropriate

(10) consulting with persons in the system in order to clarify situations, give or receive information, monitor progress in an intervention plan or mediate among points of view

(11) maintaining an effective liaison between students, families and school

(12) effectively implementing referrals to resources within the school system or the community

(13) collaborating with community agencies to solve specific problem situations or to develop new resources for students and their parents

(14) identifying and developing resources within and outside a school system

(15) advising on curriculum development in relevant areas, e.g., mental health, use of relationships, use of community resources dynamics of family life

3. School Health Services Staff

a. School Nurses, as mandated by state statute, are registered to practice professional nursing in Massachusetts (MGL Chapter 71, Section 53, 53A, 53B) and in addition have:

(1) all the following qualifications,

(a) a baccalaureate degree in nursing from an accredited institution of higher learning
(b) current national school nurse certification
(c) two years nursing experience in child health/community health, and

(2) the following knowledge, skills and abilities

(a) knowledge of professional and legal requirements as they relate to the school health services programs

(b) human relations skills as they affect the development of the total school health services program

(c) knowledge of organizational and administrative aspects of the school health program

(d) budgeting and accounting skills

(e) comprehensive knowledge of all phases of growth and development

(f) effective utilization of local, state, and national health resources

(g) ability to design individualized and prescriptive health maintenance plans recognizing risk factors which may interfere

(h) techniques of health counseling and guidance including referral to the appropriate resources

(i) awareness of available programs for students with exceptional needs

(j) ability to collaborate with other health professionals

(k) knowledge of medical, nursing, and educational ethics

(l) knowledge of and ability to administer drugs appropriately

(m) ability to assess the degree of significance of the health problem or student educational progress

(n) knowledge of method and materials of health education teaching

(o) ability to provide emergency care

b. School physicians, as mandated by law, are licensed to practice medicine in Massachusetts.

c. A comprehensive school health service program would also include additional staff: health aides, dental hygienist, and dentists and other specialized consultants. This staff should supplement but not supplant the staff described above.

X. STAFF DEVELOPMENT

GOAL:

The staff for the comprehensive health education and human services program participate regularly in ongoing staff development.

A. **The program provides a minimum of 36 hours per year of ongoing staff development for staff involved in the grant program, including health educators, school counseling and psychological services staff, and school health services staff.**

B. **Staff development programs are planned by staff scheduled to participate in the training.**

C. **Clinical supervision or peer supervision is provided for all school counseling and psychological services and health services staff and may be part of the 36 hours.**

D. **Staff development programs are encouraged to include such experiences as classroom observations and individual consultations, group workshops, visits to other programs, and attendance at other conferences as part of the 36 hours.**

E. **New staff are oriented to the goals and philosophy, policies and procedures and special needs of specific students under their care.**

F. **Staff who work in the comprehensive health education and human services programs provide technical assistance, consultation and staff development in the area of the physical, intellectual, social and emotional well-being of children to other staff (teachers, administrators).**

G. **When appropriate, school staff receive training in legal issues, including but not limited to: child abuse reporting, confidentiality, legal custody of children and special eduction.**

H. **Staff wellness programs are provided to improve staff cardiovascular fitness and nutrition, through weight control, smoking cessation, stress reduction, conflict resolution and exercise programs.**

XI. ADMINISTRATION

GOAL:

Program administrators provide leadership and support for staff in their efforts to provide an effective comprehensive health education and human services program.

A. **A comprehensive health education and human services program is centrally administered by a person who has knowledge and skills in the areas of health education, school counseling services, and school health services, as well as program planning and evaluation. This person may be the health education and human services grant coordinator or an existing student support personnel administrator.**

B. **Building administrators, relevant department heads or administrators and the comprehensive health education and human service grant coordinator meet regularly to discuss program planning and evaluation.**

C. **The program has written policies and procedures which are given to parents and staff and which clearly define staff responsibilities in the following areas: (See Section VI.)**

1. **medical emergency/crisis intervention procedures**
2. **school orientation programs for parents and students**
3. **attendance, suspension, and other discipline, grading, non-promotion requirement policies**
4. **substance abuse, child abuse, teen pregnancy and depression or suicidal or violent behavior**
5. **teacher support teams process**
6. **student record regulations**
7. **special education evaluation TEAM process**
8. **health education curriculum, goals and philosophy**
9. **confidentiality**

D. **The program has written personnel policies including job descriptions, qualifications, lines of supervision and authority; practices which are non-discriminatory; and staffing patterns and which reflect the linguistic and cultural diversity of the students served.**

E. **Program staff are evaluated according to district contractual obligations. If possible, building administrators and the health education and human services coordinator, one of whom has the professional training in the specific discipline which the staff person represents, are involved in evaluating staff.**

F. **The comprehensive health education and human services grant coordinator is familiar with and makes appropriate use of community resources including social services; mental and physical health agencies and community health education programs.**

XII. PROGRAM EVALUATION

GOAL:

Systematic assessment of the effectiveness of the program in meeting its goals for children, families and staff is conducted to ensure that high quality comprehensive health education and human services are provided and maintained.

A. **At least annually, parents, students, staff, and local advisory council are involved in evaluating the program's effectiveness in meeting the needs of children, families and staff and to identify program areas needing improvement.**

B. Evaluation tools may consist of:

1. Board of Education's Comprehensive Health Education and Human Services Program Standards and Grant Guidelines

2. Locally designed/chosen evaluation instruments

3. Mid year and end of the year reports required by the Department of Education

C. The evaluation consists of:

1. The program's degree of compliance with the Board's program standards

2. The program's effectiveness in meeting its stated goals and objectives.